

Community First Choice Authorization of Representative Form

Participant Name: _____

Representative Name: _____

Relationship to Participant (check one): Family Member Other

Describe relationship: _____

By signing this form, I authorize the representative listed on this form to complete certain activities related to the provision of Community First Choice services.

I understand that my representative CANNOT serve as my paid personal assistance provider. I also understand that by filling out this form, I am appointing a representative for those activities indicated below only, and NOT a representative for any other program or legal purpose.

Please mark the box next to each act that you would like your representative to take on your behalf:

Help develop your Plan of Service

Sign your Plan of Service on your behalf

Provide Training and guidance to your personal assistance provider(s)

Hire and dismiss your personal assistance provider(s)

Set hourly rate(s) for personal assistance provider(s), when applicable, within Department limitations

Participant's Signature: _____ Date: _____

Representative's Signature: _____ Date: _____